

EMPLOYEE PERSONAL PROPERTY DAMAGE/LOSS CLAIM

NAME		DATE OF DAMAGE/LOSS		TIME OF DAMAGE/LOSS <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
CLASS TITLE		PLACE OF EMPLOYMENT		TELEPHONE NUMBER (INCLUDE AREA CODE)	
WORK ADDRESS		CITY		STATE	ZIP CODE
PROPERTY DAMAGED/LOSS	ITEM 1		ITEM 2		
Description of item(s)					
Date of purchase(s)					
Original cost(s)					
Condition of item(s) before damage/loss (excellent, good, fair, poor)					
<p>Extent of damage(s)/loss(es) (be specific):</p> <p>1. _____</p> <p>2. _____</p>					
SUBSTANTIATING INFORMATION					
Provide a scenario of where, how, and why damage/loss occurred:					
Witnesses: _____, _____					
What were you doing at the time the damage/loss occurred?					
If loss/damage occurred as a result of an incident/confrontation with another person:		NAME OF PERSON CONTRIBUTING TO THE LOSS/DAMAGE			

If loss/damage was to an automobile:

Where was it parked? _____

What type of parking area (i.e., public, private, or state)? _____

Was some form of security provided for this parking area? ☐ Yes ☐ No

REIMBURSEMENT REQUESTED

\$ _____ (Estimate of repair(s)/replacement(s) costs.)

ATTACH A COPY OF THE RECEIPT(S), INVOICE(S), OR OTHER DOCUMENTS IN SUPPORT OF THIS CLAIM.

Reimbursement shall be made for either the repair or replacement (less the fair market depreciated value) of the item(s) damaged/lost.

EMPLOYEE STATEMENT (CLAIMANT)

I, the undersigned, certify and declare under laws of the State of Washington that the foregoing is true and correct under penalty of perjury.

EMPLOYEE SIGNATURE

DATE

PLACE

SUPERVISOR STATEMENT

Specific action that can be taken to prevent a similar damage/loss recurrence:

Investigative follow up/action taken: ☐ Yes ☐ No

SIGNATURE

DATE

TELEPHONE NUMBER (INCLUDE AREA CODE)

TITLE

SUPERVISOR STATEMENT

Reimbursement requested: \$ _____

Reimbursement approved: \$ _____

Reimbursement disapproved: ☐

SUPERINTENDENT/LOCAL ADMINISTRATOR/OFFICE HEAD'S SIGNATURE

DATE